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STATE OF HAMAII TATE ETHICS COMMISSION

HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)						
PART I LOBBYIST						
NAME(Last)	(First)	(Middle)	TELEPHONE			
KANEKO	WILLIAM	М.	524-1800			
MAILING ADDRESS (Street)			FAX			
18th Floor, 1001 Bishop	American Savings Bank T	ower				
	501000		524-4591			
(City)	(State)	(Zip	Code)			
Honolulu	Hawaii	9	6813			
EMPLOYING ORGANIZ	ATION (Fill in only if you are employed by a business	s entity which has been retained to lobby)	TELEPHONE			
Alston Hunt	Floyd & Ing		524-1800			
MAILING ADDRESS (S	Street)		FAX			
18th Floor, American Savings Bank Tower						
1001 Bishop	Street					
(City)	(State)	(Zip	Code)			
Honolulu	Hawaii	9	6813			

PART II ORGANIZATION				
NAME OF ORGANIZATION YO	OU LOBBY FOR (Do not abbreviate)	TELEPHONE		
Alston Hunt Floy	524-1800			
MAILING ADDRESS (Street)		FAX		
18th Floor, American Savings Bank Tower				
1001 Bishop Stre	eet	524-4591		
(City)	(State)	(Zip Code)		
Honolulu	Hawaii	96813		
NAME OF PERSON RESPONSIB	LE FOR PREPARING ORGANIZATION'S EXPENDITURES	STATEMENT TELEPHONE		
WILLIAM M. KANER	KO	524-1800		
MAILING ADDRESS (Street)		FAX		
18th Floor, Amer 1001 Bishop Stre	rican Savings Bank Tower eet	524-4591		
(City)	(State)	(Zip Code)		
Honolulu	Hawaii	96813		

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY					
	Agriculture	Education	Human Services	Science, Technology & Economic Development	
	Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation	
	Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation	
	Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)	
	Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections		

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.				
(Signature of Lobbyi	st)	(Date)		
PART V AUTHORIZATION TO LOBBY				
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED			
PAUL ALSTON	Director/Share	Director/Shareholder		
NAME OF ORGANIZATION (if applicable)		TELEPHONE		
NAME OF ORGANIZATION (II applicable)		TELEPHONE		
ALSTON HUNT FLOYD & ING		524-1800		
MAILING ADDRESS (Street)		FAX		
18th Floor, American Savings	Bank Tower	524-4591		
1001 Bishop Street				
(City) (S	tate) (2	Zip Code)		
Honolulu A	awaii	96813		
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.				

(Signature of Authorizing Officer or Person Represented)